

Case Number:	CM15-0164690		
Date Assigned:	09/02/2015	Date of Injury:	05/10/2001
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 5-10-01. His initial complaint was "an acute onset of pain in his low back and right groin". The injury was sustained as the result of losing control of a large, heavy load he was carrying and attempting to prevent it from falling to the floor. He reported the incident and was referred to his family provider. A lumbar MRI was conducted and found to have "abnormalities". He was referred to pain management and underwent "at least two lumbar epidural steroid injections". He was referred to an orthopedic surgeon and a nerve root block was conducted. The initial pain management consultation report, dated 5-19-15, indicates that they "did not provide any benefit". He underwent two, separate discograms in 2002. The second was "mildly positive at L2-3, L3-4, and L4-5". On 5-5-03, an orthopedic Agreed Medical Examiner diagnosed him with degenerative disc disease of the lumbar spine. He was evaluated by two, separate providers for recommendation of intradiskal electrothermal therapy. This was denied as appropriate treatment by both providers. In July 2003, he underwent an anterior lumbar interbody fusion at L2-3, L3-4, and L4-5 with unilateral internal fixation on the left. The report indicates that he "did not do well postoperatively" and continued to have significant pain, as well as urologic dysfunction and difficulty walking. In December 2005, he was recommended for additional lumbar surgery. A second opinion was given by another orthopedic Agreed Medical Examiner in May 2006. This provider agreed that he was a candidate for further surgery and noted a "large disc protrusion at T10-11 as well as an apparent fusion failure at L2-L5". He underwent a revision fusion and posterior lateral fixation from L2-S1 with a "wide laminectomy" on 9-11-06. In June 2007, he

was noted to have continued significant pain and a "large 8 to 9 millimeter extruded disc protrusion posteriorly into the left at T10-11. An MRI was completed on 5-21-07, which confirmed the protrusion and revealed moderate to severe spinal stenosis" and a "possible compression fracture". In April 2008, he underwent a CT myelogram of the thoracic and lumbar region. In July 2008, he had another lumbar fusion with anterior posterior revision of the instrumentation. The report notes that he "did not do well postoperatively". In June 2009, he underwent a posterior lumbar interbody fusion from T6-T12 and L1-2. In February 2010, he was treated by a pain management provider and was administered two sacroiliac joint injections, then recommended a dorsal spinal cord stimulator. The injured worker was noted to have difficulty with his legs "giving out" and had fallen several times. The 5-19-15 report states that "recently" problems were noted with the thoracolumbar fusion. He was having "great difficulty with chronic pain and his ability to function throughout the day". The treatment plan was to refill his medications that included OxyContin, Percocet, Neurontin, and Cymbalta, as well as state that he "is a candidate for intrathecal morphine pump trial after psychological clearance". A psychological evaluation was ordered. On 6-19-15, he continued to have "debilitating pain throughout his cervical, thoracic, and lumbar spine. The treatment plan indicated his medications as Anaprox, Prilsec, Doral, and Baclofen, in addition to the above-noted medications. It continued to indicate that he was a candidate for the intrathecal morphine pump. The 7-10-15 note indicates continued request for the intrathecal morphine pump, stating that he "has had extensive treatment, including eight spine surgeries, acupuncture, chiropractic treatment, and several different medical regimens".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intrathecal methylprednisolone (ITMP) trial continuous infusion: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain implantable drug-delivery systems (IDDSs) Page(s): 52-53. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Implantable Drug Delivery Systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for chronic pain. When requested, medications were providing 30-40% pain relief. Physical examination findings included appearing in moderate distress. There was an antalgic gait. There were muscle spasms and thoracolumbar deformity. There was decreased cervical, lumbar, and right shoulder range of motion. There were cervical and lumbar trigger points. There was decreased right lower extremity strength with positive straight leg raising. Medications prescribed included OxyContin and Percocet at a total MED (morphine equivalent dose) of over 300 mg per day. Psychological clearance had been provided for an intrathecal opioid trial. Authorization for the trial is being requested. An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics in adequate doses with fixed schedule (not PRN) dosing have failed to relieve pain or there are intolerable side effects to systemic opioids or other analgesics. In this case, the claimant has less than 50% pain relief

with the use of high-dose opioid medication. He has been cleared for an intrathecal opioid trial and implantation of an intrathecal drug delivery system would be dependent on the result of that trial which is considered medically necessary.